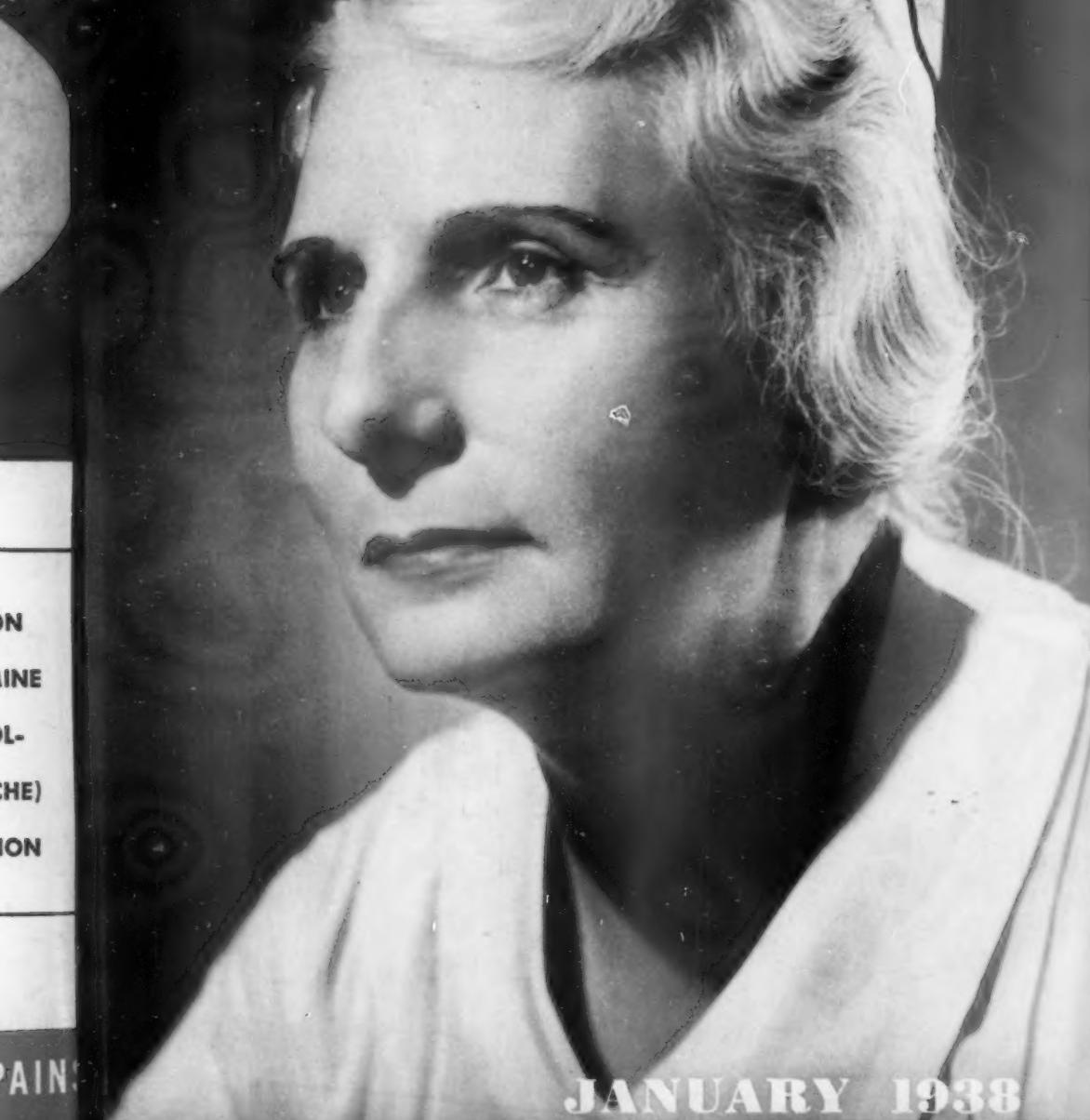


R.N.
A JOURNAL FOR NURSES



JANUARY 1938

For the Relief of Pain and Discomfort from Hemorrhoids

ANUSOL

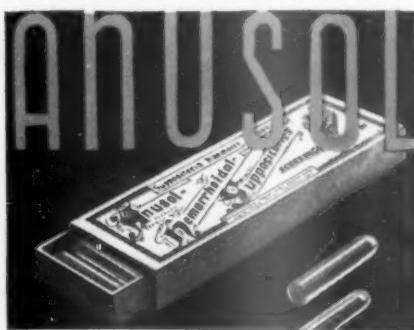
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Calmitol

LIQUID and
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THE DEPENDABLE ANTI-PRURITIC



In This Issue

January, 1938

Vol. I, No. 4

RUBY R. FREER, R. N., Editor

HELEN M. REED, Managing Editor

"Oh! So You're A Nurse!".....	11
Ida M. Blissard, R.N.	
Implications for Nursing in Civil Service.....	14
Mary Ellen McKey, R.N.	
Primer for Homebodies.....	16
Josephine A. Thorp, R.N.	
Put Your Best Foot Forward.....	18

DEPARTMENTS

Debits and Credits.....	4
Make Up and Live.....	22
Editorial	24
Nutrition Briefs	26
Book Review	28
Calling All Nurses.....	30
Interesting Products	45
Classified	46

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A JOURNAL



FOR NURSES

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Miss _____

Mrs. _____

Debits and Credits

What do you think of conditions in nursing today? What changes would you like to see made in the profession? Do you like the type of articles we are publishing? What kind of material would be most helpful and interesting to you?

Every month in these pages we shall publish letters from nurses. These opinions will be published anonymously unless we have specific permission to use the nurses' names.

So—here's your chance to "get it off your chest"!

To the Editor:

I wish to express my sincere appreciation for *R.N.*

Since graduation in 1928 I have been very active in all types of nursing. The article entitled "Make Up and Live" is splendid. I have been a patient myself and I realize the value of such articles and hope you continue this splendid subject with your other very good material. *L.J.C.*

* * *

Everett, Washington

To the Editor:

In *R.N.* you often invite comments and suggestions, so I am taking this opportunity to make several comments and one suggestion. First, I like *R.N.* very much and read it thoroughly; second, I disagree entirely with Mr. Richardson's article in the October issue: "It Will Happen Here—Unless . . ." The suggestion is that you give nurses a place in *R.N.* where they can express their views on articles in the magazine—something like "Vox Pop."

I feel so strongly about Mr. Richardson's article that I hope you will give me the space in which to present my viewpoint, which is the other side of the so-called "socialized medicine" question.

I believe Mr. Richardson's reference to "cut rate fees" in which he says "government pay is traditionally less than that afforded by private enterprise" is not factual. I have the information that in Juneau, Alaska the government hospital pays better than the private hospital. Maybe this is a single exception, but I am more inclined to believe that low government pay is more of a tradition than a fact. One advantage of government pay is that you get it regularly. In private work I think doctors and nurses

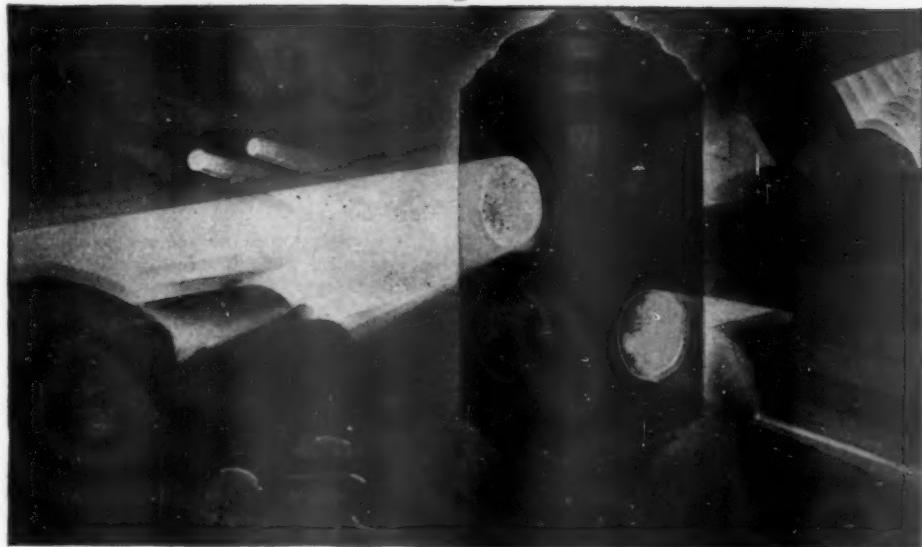
will agree that they could charge lower fees and be as well off if they always got paid.

Mr. Richardson's second drawback in "socialized medicine" is "widespread malingering" which he contends would place a "strain on the nurse's time and energy." Did he mean by that that many of the public would pretend illness? Some people do that now, and some would then, of course, but there are many thousands neglecting their health at present because they can't afford medical treatment, hospitalization or doctor's fees.

When free public schools were first proposed, there was undoubtedly a lot of objection on the ground that the "common man" didn't need an education at the expense of the taxpayers. Yet nowadays free education is widely approved. Isn't health just as important as education? Isn't there just as urgent a need for free public hospitals as there is for free public schools? Now is the time for nurses and doctors to get behind a movement to sponsor such legislation. If we don't like the bills suggested it is up to us to offer advice on improvements and amendments. If, instead, we just flatly refuse everything that is suggested, we are missing one of our greatest opportunities to improve the health of our nation.

Look at the present picture: we have some public health nurses now who work in all sorts of homes with all sorts of equipment. There is a bigger need for their services than they can fill. Outside of the public health field there are many doctors and nurses idle. There are many more people who need medical care, but the doctors and nurses are unable to help because the sick are unable to pay. Under the circumstances, it seems to me that the most logical, as well as the most humanitarian, thing we can do is to work for socialized medicine.

Mr. Richardson lists as the third drawback "Deterioration of standards—through



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lack of incentive to advance professionally." I believe the opposite would be true. There is always personal pride in work well done and there would still be reputations to strive for and maintain. There would still be choice positions, salaries, hours and other things to be aimed for. And with regular government inspections, I can see no cause for alarm over standards.

Drawback No. 4, according to Mr. Richardson, is "A back-breaking volume of work—caused by the patient's attitude, 'I'm paying for it, so I intend to get what's coming to me.'" Few patients who pay for their care take that attitude now. And the only reason I can see for a change in this attitude would be that we in nursing and medicine oppose "socialized medicine" legislation so strongly that we create the idea in the minds of the public that we are unwilling to serve them if we are paid by the government and are sure of our money.

Mr. Richardson further complains that nurses may be removed by the laymen in charge under "socialized medicine." Who removes the nurse now? She is removed by the wish of the patient or patient's relatives who are laymen, or by head nurses or supervisors or board of directors. He says also that the nurse would be told where and how to practice, and what hours to observe. Isn't this more or less true of her present situation? She is called for at all hours of the day or night, for any shift and for various locations. And she must work to live.

The sore spot of "political pull" is mentioned by Mr. Richardson when he says, "Appointments to all worthwhile positions would obviously be made on the basis of political influence." But don't many nurses even now get positions by "pull" of this sort? Every realist is aware of this and knows that nothing much is done or can be done about it. If all nursing employment were government-handled, I think the "pull" of the favored ones would be no more noticeable or unfair than it is now.

Another statement to which I object in "It Will Happen Here—Unless . . ." was the one about "the close relationship between patient and nurse" being lost if the health board assigned the nurse instead of having the patient engage her. It is very rare that nurse and patient know each other prior to the need of nursing care, but they become quickly acquainted by the very nature of the situation in which one individual depends a great deal upon the other.

You can readily see that I read Mr. Richardson's article very carefully and I have given it a great deal of thought before making these comments. I am writing you at

length because I believe many other nurses feel the same way and would like to see their viewpoint in print.

(Mrs.) Ethel G. Blansett

* * *

Los Angeles, California

Dear Editor:

I am writing to thank you for sending me the journal. I have thoroughly enjoyed the two copies sent to me and am looking forward to the next one. I wish the article "The Price Is Not Too Great" by Mr. Morford could be sent to every one who has charge of the nurses' comfort, especially private sanitariums where they think that anything is good enough for nurses. We had such wonderful quarters for the nurses at the London (England) Hospital in my day, and what they have now is perfectly marvelous. One gentleman quite recently gave the hospital a swimming pool costing £25,000—in our money that would be about \$125,000. I am glad to think that some one thought we were worth that much.

Again thanking you and wishing *R.N.* every success,

M.M.C.P.

* * *

Wewoka, Oklahoma

To the Editor:

I want you to know how very much *R.N.* means to me. I read every word in it, including the ads.

I have only been away from nurses and hospital life such a short time that every time *R.N.* gets here I feel as if I'm talking to classmates. I married, the first of the year, and have had some private duty cases. Nurses are hard to get to do special duty in our little city. I love to get *R.N.*, and everything in it is helpful to me whether I see things that way or not. Especially do I want to shake "Roxann" by the hand for her article, "Somebody Ought to Tell Hollywood." Every time I see a nurse-doctor-hospital picture I want to go to Hollywood and tell them how real nurses act, teach them a few things about doctors and patients and doctors' wives and children. In fact, I would like to direct one picture on that line. I know I could beat what they have been doing!

M.S.W.

(Continued on page 8)

Yes . . .
productive
portant
adequa
of the
pitfalls
SAFE
ing the
trolling
appear
moving
for the
third,

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WHAT A
RECORD!**



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1934 — 980 Hospitals

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They know from long experience that there is no danger of irritation or toxic effect from the use of the oil:

Nurse, pass on the word to every mother to *continue* giving her baby a daily body-rub with Mennen Antiseptic Oil. It remains permanently sterile—cannot become rancid—is pleasant to use . . . does not soil linen, washes out easily leaves no greasy residue. FREE PROFESSIONAL SAMPLES of Mennen Antiseptic Oil, and its companion product, Mennen Antiseptic Borated Powder, are yours for the asking. Address: Dept. RN-1.

THE MENNEN CO., Newark, N. J.

(No address)

To the Editor:

Today the October issue of your journal arrived at our hospital. It has such good, decisive articles in it that I feel more stimulated than at any time since my graduation day. I was not one of the three fortunate ones to receive it; however, I borrowed a copy and was unable to do anything until I had read it from cover to cover.

On page 29 of the Nutrition Briefs you printed an article by Dr. Smith on overfeeding of babies. This past summer we have had some very serious problems with our nursery, the symptoms being the same as stated in the article. It cost our superintendent and owner many, many anxious hours and extra dollars.

I should like very much to receive a copy every month if it could be so arranged. I am a registered nurse in both Massachusetts and Maine.

Thank you for realizing the needs of nurses and putting out such a wonderful paper.

M.H.

* * *

Brooklyn, New York

Dear Editor:

I have long wondered why in the profession of nursing there was not a journal such as *R.N.* I have greatly enjoyed reading it, for its human aspect mostly, as well as for the practical and constructive ideas. I enjoyed all the articles, especially "Fly to Success" by Miss Fuller and "Make Up and Live" and then, because I have been doing pediatric nursing the past two years, Miss Zabriskie's article on "12,000 A Year" was greatly enjoyed.

May I thank you again for my copy and congratulate you on this human little journal. May it grow and grow and reach its goal—to further the progress of the fine profession of nursing, which I am sure it will.

D.B.G.

* * *

Eltingville, New York

To the Editor:

Your journal is certainly something new for nurses. The articles in your first edition are both interesting and educational. I especially enjoyed reading "12,000 A Year" by Louise Zabriskie. I am interested in maternity care and wish I could do more to aid this deserving work. "Fly To Success" also interested me greatly. I can now tell several of my friends' young daughters just

what the requirements are for a stewardess.

I believe the advertisers in this journal should be given credit for the attractive manner in which they display their products.

P.J.

* * *

Philadelphia, Pennsylvania

To the Editor:

This month I received a copy of the journal *R.N.*, for which I thank you. It contained some excellent papers, especially Mr. William Alan Richardson's "It Will Happen Here—Unless . . ." It behooves every American nurse to do all in her power to fight this so-called "socialized medicine." When we think of all the work that has been done to put the nursing profession on its present plane and of the women whom we have and still must continue to have to keep our profession where it is, and then to feel that we may in the near future be at the beck and call of crooked politicians, does it not make one stop and think? The finest work a woman can do—to think of what will happen to us if it does go through.

My best wishes to you and your staff.

A.G.

* * *

Johnstown, New York

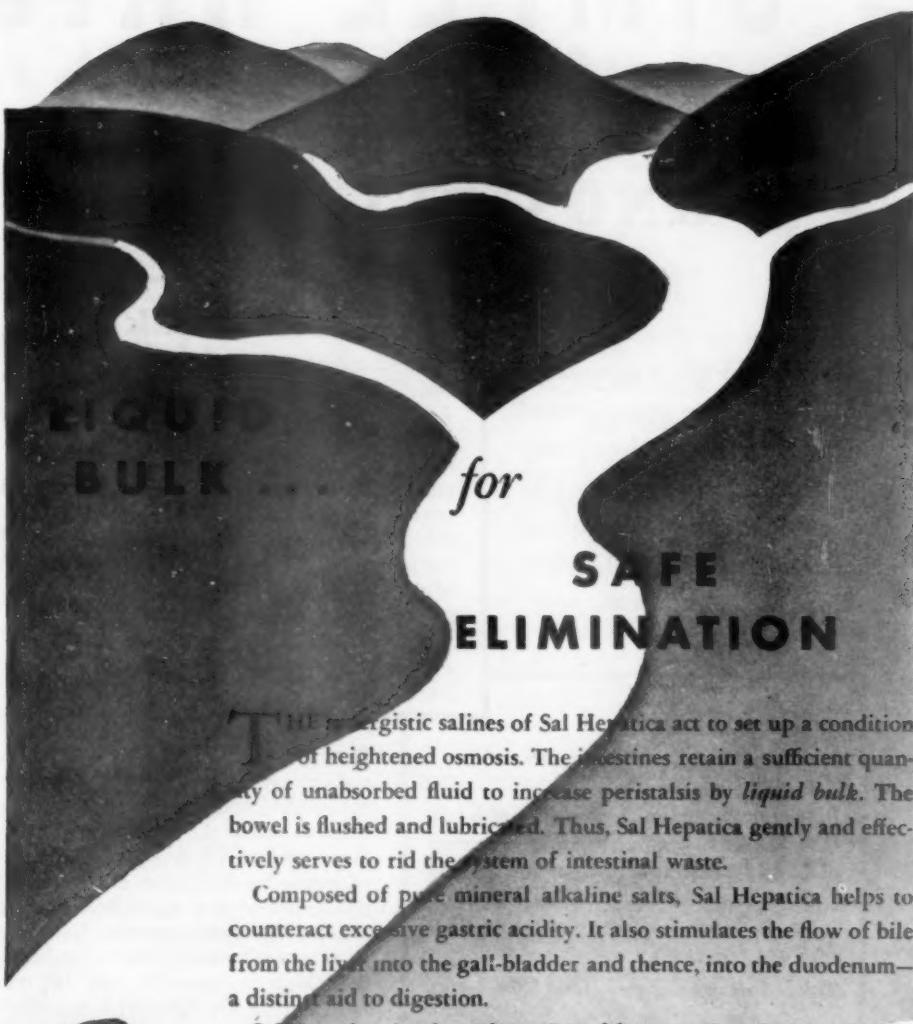
To the Editor:

Are you new, or have I been up here taking over Rip Van Winkle's warm spot? I love the little magazine—it has so much common sense, so rarely allowed nurses. I hope in time it can and will do something about nurses suing married men for breach of promise—we do not get as much of it now as we did a few years ago, but every now and then it turns up its ugly nose. Then, too, the over-made-up and smoking nurses are proving a great trial to doctor and patient—believe me, I hear it from both ends. The world does look up to the nurse, and as "Roxann" so aptly writes, we do look like a million dollars in our white uniforms. Nurses should be encouraged to stay in them, indoors, but I still feel they should not be encouraged to wear them on the street, when they become just a white house dress and aren't too safe to return to the under-par patient in. I think "Roxann" makes a hit in every line. I too would like to know how the M.D.'s in Hollywood manage the offices and salaries, but as my son always reminds me—"It's only a pitcher, Mother"—so let them rave.

Many thanks for putting me on your list.

M.D.W.

B



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Place the contents of 4 envelopes of Knox Gelatine in an ordinary drinking glass. Add 4 ounces of cold milk and allow to soak for five minutes. Add 2 more ounces of milk and stir until homogeneous. Then place glass in small cooking kettle of hot water until gelatine milk mixture liquefies. Add 2 more ounces of cold milk, which will bring the temperature to a satisfactory warm drink of about body heat. A tablespoonful of prune juice or a few drops of any bland flavor like vanilla may be added.

Total: 8 ounce liquid—about 250 calories

"The Knox Fruit Stir"

Place the contents of 2 envelopes of Knox Gelatine in an ordinary saucer or cereal dish. Add 8 tablespoonfuls of any desired fresh or canned fruit juice, such as grape juice. Let soak for five minutes and eat with teaspoon.

Total: 4 ounce mixture—about 100 calories

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JOHNSTOWN, NEW YORK

A JOURNAL FOR NURSES

"Oh! So You're A Nurse!"

by Ida M. Blissard, R.N.

"Oh, so you're a nurse!"

Women raise interested eyes, and the party is off to a gay start! You're led into a corner, where you're served tea. The crowd settles down. The gray-haired dowager with the aggressive chin exclaims mildly, "My dear! How interesting! Do tell us—do you have to scrub floors? You know, my grandmother thought once she would go into training, and she stayed just one week! It was perfectly terrible the things she had to do!"

However, conversation stays on such general topics for a very short time, indeed, for several of the guests are twisting about in their seats, anxiously waiting to get down to business. Finally one particularly imposing creature takes you by the arm and steers you off to a spot where nobody else can hear.

"Now, this may sound shocking, but of course you'll

understand. You're a nurse! Tell me—" and she's off to one of the favorite subjects — operations, sex, birth control, men! They think it utterly impossible that you shouldn't know everything along these lines.

How many of us rankle under some of the remarks made about nurses and nursing! Breathes there a nurse with soul so dead that she has never had the time of her life on a vacation cruise, during a train ride, or even at a bridge game when nobody even suspected she was a member of that noble group—nurses! One young lady always answers the question "What do you do?" with a charming smile and the remark "Oh, as little as possible!"

Then the other person winks wisely. "Aha! A rich man's daughter!"

The nurse then modestly lowers her eyes. "Now, I shouldn't say exactly that! . . . Isn't it lovely weather we've been having!"





How Many of Us Rankle Under Some of the Remarks

SKELETONS IN THE CLOSET?

Just why should we enjoy this little game so much, this hiding of our work, almost as if we were ashamed of it? Why should nursing still carry the blight of the Sairy Gamps? Why should many well-informed (that is, relatively speaking) persons still hint at the "indecency" connected with our work?

We ourselves are to blame! Though it takes many years to change public opinion, that is no excuse, for we are too far behind the other professions. We still bear the reputation of our professional ancestors, too many of whom may be found, their skeletons rattling merrily together, in the hospital clothes-closet!

"But we're not like that! It's not fair!" we cry out indignantly.

Then why does the public think we are? Simply because we have been snail-like in our attempts to raise professional standards, to let people know we are well-bred.

Modern nursing schools are struggling to get higher requirements for their beginning students; many demand at least a small amount of college work

prior to entrance. And why shouldn't they? Many new fields are opening in this work, providing places for suitably trained individuals, who, unfortunately, are entirely too few in number. Doctors, patients, people in general want intelligent, well educated, well groomed nurses, who can be good companions as well as good in their professional duties. The girl who uses such expressions as *he done* and *it don't* gives the impression of being ignorant in her nursing work.

But what of us who are no longer guided and controlled by a training school? Have we no motives for keeping up, personally as well as professionally?

THROUGH THE LOOKING GLASS

Let's take a good look at ourselves.

Are we truly well educated? Can we be at ease associating with other professional people, or do we remain dumb until we get into a group of nurses, when we just can't wait to talk about "a patient I had once that had the awfulest running ears?" Are we interested in radio, in current events? Do we have to remain silent while well known books are being discussed?

One nurse began to be interested in such things only after a series of incidents which almost wrecked her professional career. Her calls on private duty became fewer and fewer, while some of her associates seemed to be busy all the time. Finally she got an opportunity to go on a case with a man who had formerly been a member of the faculty at a well known university. She was a "good nurse." She bathed him, rubbed his back, made him so comfortable that he told her himself he felt like purring! He settled down, snug and warm, to read.

Finally, however, tiring of this occupation he started to talk, and the nurse, who was likewise very intelligent, was a good listener. She knew just the correct time at which she would exclaim, "My! How interesting!" or sometimes a little more feebly, "Is that right?" Days rolled by. Conversation became more painful as time wore on. She yearned for the day that she would be released, yet dreaded more unemployment. He tried to get her to talk. Had



Modern Nursing Schools are Struggling to Get Higher Requirements

she read this? No. Had she seen that? No. Had she ever been up in an airplane? Did she enjoy the opera?

After thousands of no's this nurse finally tumbled to the fact that she needed a complete educational overhauling. Not only that, but she needed zest, personality. She decided to buy a new dress. She peered at herself. Hmm—really not bad. She felt better already. At a beauty shop, where she had gone to get her hair waved, she read several articles in a magazine. For quite a while before she had felt that she couldn't spare the time for such activities. She stopped in at a curiosity shop, where she bought some little Eskimo

shoes, finding out, incidentally, their whole history.

She must remember all this, she told herself when she returned home. She pictured herself walking into her patient's room, smiling, "fixing him up" as usual, and then she would sit down and tell him the story of those little shoes, how the hide had been chewed, how the decorations had been made around the tops. She tried again to rehearse the scene. She would enter the room, smiling. . . . She wondered whether her uniform was clean. She took it down off its hook, gazed at it as if seeing it for the first time, with its plain, unflattering lines, its low waistline, and hurriedly went out to buy another—one that she found made her appear truly charming, yet not unprofessional.

Needless to say, as time went on she became more successful in her attempts at self-improvement, extending her psychological growth to include others outside her professional, related group. She pored over Emily Post's book, and spent hours in worthwhile recreation. The result? She now holds a very important position in a training school, and she always insists that students be not only good nurses but nice people!

We've heard personality talked about

(Continued on page 44)



Can We Be At Ease Associating with Other Professional People?



© Ewing Galloway

Implications for Nursing in

Civil Service

by Mary Ellen Manley, R.N.

*Director, Division of Nursing,
Department of Hospitals, New York City*

Like most of our useful institutions, Civil Service had its inception in a reform movement in the interests of better government. The Civil Service Reform of fifty years ago attacked the problem of political patronage. Although its organization and administration may have changed, presumably the objective of improved public service persists.

Governmental functions have so increased in number and complexity and the public payrolls have reached such proportions, it is not surprising to find the public concerning itself with the performance of that "mechanism which provides for its citizens a multitude of chores done by paid servants—from morning to night, in working and play hours, in illness and health, and from birth to death."

There are over three million men and women in the United States employed in public enterprise. It is startling to consider the insinuations of government into the lives of the individuals. It has been said: "The area of unrestrained

human activity has been narrowed year by year with such beneficent results that we live under considerable restraint without quite knowing it."¹ For this reason there is great need on the part of the public to have a keen appreciation of the vital importance of long range planning in producing an effective merit system.

THE NURSE AND CIVIL SERVICE

Nurses have a dual concern in these matters, both as members of groups who serve and as members of groups who are served.

Considerable attention has been devoted to governmental policy and organization, but only within the last decade has the drive for improved manpower gained impetus. Civil Service may be viewed as a phase in the determined effort to raise the standards of efficiency in this man-power service.

Civil Service presupposes selectivity

¹In Defense of Government — C. A. Dykstra, *The Annals of the American Academy of Political and Social Science*—January, 1937.

according to pre-determined qualifications, and classification of jobs. It provides certain protection for the employe, establishes more or less definite salary schedules and provides retirement benefits.

But as W. W. Montgomery points out in an article entitled "Problems and Progress of the Merit System,"¹² "Some government employees, unfortunate in their dubious leadership, have sometimes been selfishly short-sighted and have been prone to concentrate their efforts on immediate advantages in the form of wages, hours, and leave regulations, to the neglect of a thorough revision of the whole system of government employment which would offer them long term benefits."

Laws, in and of themselves, are not guarantors against incapable and unsympathetic administration and cannot insure morale, training, promotion and building up of loyalties necessary to fine performance of service which are prerequisite to an adequate personnel system. The manner in which laws are executed is more important than the legislation itself.

PROBLEMS IN CIVIL SERVICE ADMINISTRATION

Some of the problems in Civil Service administration toward which reformers are directing attention are: statutory handicaps of veteran preference and residence requirements and the inadequacy of promotion and removal machinery.

Nurses and other professional workers frequently find that their careers in the public service are blocked because of the unwillingness of some governmental jurisdiction to accept non-resident applicants and the proneness to

give weight to such factors as military service, etc.

Geographical boundaries as a qualification requirement for public personnel frequently deprive a local community of the services of the most competent persons.

Attention is now being directed toward the development of comprehensive and constructive programs of personnel administration in contrast to the outmoded civil service systems which were designed merely to thwart the patronage system.

It might be fruitful to consider the application of Civil Service to Nursing and examine its general suitability in the present situation.

It must be assumed at the outset that a "service motive" in government replaces the profit motive in private industry. Such a motive is germane to the establishment of a career service and professionalization of personnel with its implications of social responsibility. The very nature of nursing is exemplified in "Human needs dictate to thee." Its motivating force is a science of human betterment.

If the avowed purpose of Civil Service is to provide the best man-power available, such a contingency is already met by the evaluation of credentials and the use of available tests for technics than which none better have been devised. There are those who believe that graduation from an accredited school of nursing and State Board examination set by professional experts for safe practice preclude the need for further testing.

Personality traits are difficult to measure and cannot be judged adequately by an outside group, but these traits are more important in the numer-

¹²The Annals of the American Academy of Political and Social Science, January, 1937.

(Continued on page 48)



Photos courtesy Sachs Furniture Co.

Early American living room in maple

Primer for *Homebodies*

by Josephine A. Thorp, R.N.

It is possible to "live alone and like it" if a woman has the kind of income which provides a lovely apartment and a maid to take care of it. But the nurse who lives alone usually doesn't like it because she often has to live in a single small room, surrounded by furniture chosen by a cynical landlady with an eye to breakage. The only advantage of living alone under these circumstances is that one has privacy, which some individuals value above rubies. The average nurse is a gregarious creature, however, and often finds this kind of privacy turning into a dismal loneliness.

Apart from the loneliness the disadvantages of living in a small furnished room are many. Furnished room houses

are sometimes firetraps. In all of them one must share the bathroom with several other people. It is impossible to prepare even the simplest meal in a furnished room without having an outraged landlady declaring (1) that you are trying to burn down the house (2) you are smelling up her drapes or (3) you probably can't afford to pay next week's rent. Finally, for value received, the small furnished room is expensive.

This picture is no more horrid than it is true and only the most rugged individual will deny that sometimes it seems almost worthwhile to marry just for a lovely home and to give up one's dreams that can't be realized for another year or so. R. N. hastily advises

against taking this step, and herewith offers some suggestions on how to live well but inexpensively.

CHOOSE COMPATIBLE HOUSEMATES

The simplest solution is to share an apartment with one or more other girls who are compatible. You will remember compatible as that nasty word that creeps into so many divorce cases to describe what a bride and groom were not. If one is not careful about choosing roommates, it is also likely to creep into a court case when somebody wants to know who broke that lease.

A compatible roommate might be defined as one who is above swiping someone else's stockings, powder or beau. She is considerate and fair, so that she will not bring in two or three noisy friends after twelve when you need your sleep, nor will she wriggle out of her share of the housework. She will struggle fiercely with her instinct for throwing things around the bathroom, and will pick up her clothes and hang them nicely in the closet. It is too much to demand that she be fanatically neat,

but a fair amount of orderliness should be expected. If she can cook like a chef and loves to, she can be forgiven everything except swiping the boy friend and leaving the bathroom a shambles.

After two or three compatible friends decide to set up their own establishment, they will get into a terrific argument about furniture. Lucile will want modern, Ann will prefer 18th Century and Sally will lean to Colonial. One of these types must be decided upon, and it should be the one which each girl can live with comfortably. This will probably be Colonial or 18th Century. The former is the least expensive, and in solid maple is extremely durable. 18th Century in warm mahogany is fashionable now, and its lines are gracious and interesting. Whatever type is decided upon, it can be bought on the installment plan with monthly payments figured as part of your rental.

Many furniture and department stores offer the services of an interior decorator without charge. It is wise to consult with her, explaining your budget limitations, color preferences and

(Continued on page 38)



Living room which can also be used as sleeping quarters, decorated in 18th Century style.

Put Your *Best Foot* Forward

The average nurse is satisfied with her job. But there are always the exceptions that prove the rule.

The ambitious nurse want a responsible and well paid position. The adventurous nurse wants a job which offers new and exciting problems daily. Other nurses want jobs which will give them pleasant working and living conditions, a reasonable salary, and recognition of their ability.

But sometimes when a nurse attempts to get a certain job she doesn't know how to go after it. As the advertising men say, she doesn't know how to "sell" herself. It's a sad fact that some nurses write a letter of application comparable to that of a high school student. They don't know how to fill out an application blank to best advantage. They have no idea how to put their best foot forward in an interview. They leave out important facts which might help them to get the job, and stress information which can have no value or interest to the person hiring them.



© Black Star

CAN YOU WRITE A LETTER?

It isn't hard to write a good letter, listing your education, training and experience, etc. But day after day registries get letters of this type from nurses who evidently expect to get a job by return mail.

"I would like to get a job in a lying-in hospital or doing obstetrical work in a general hospital. I have had quite a lot of experience in this kind of work and prefer it to other kinds."

Or perhaps something like this:

"I am interested in finding employment as a general duty nurse in Texas, New Mexico or California, salary \$95 and maintenance. Do you have any jobs in these States?"

An exaggeration? Ask any agency or registry! If you were a registrar or the superintendent of a hospital and received a letter such as these, would you give the applicant a job?

One agency says, "Most common of all errors of letters of application that have come to our attention is brevity; that is, the nurse merely states 'she is

This article will not apply to the great majority of the profession, since most nurses have the ability to get the type of jobs they are seeking. But the occasional nurse who sometimes has difficulty in finding employment will find it of interest. Or perhaps a nurse whose qualifications are of the best may wonder why she was not selected for a certain position.

The information in the accompanying article has been gathered from registrars in different parts of the country, who state that nurses sometimes just miss getting a job because they overlook one or more of the points mentioned.

applying for the position of . . . , that her credentials will be sent by the registry.' No effort is put forth in her letter as to what she can do or likes to do—in other words, she fails to 'sell herself.' The registry can do much for an applicant but many employers hesitate to engage a nurse who shows little or no effort and apparently manifests no interest."

Writing a good letter—one which tells all the pertinent facts—should be an easy thing to do. It is a good idea to write a brief letter, something like this:

"I should like very much to do general duty nursing in a small private hospital. I am attaching a list of my qualifications and shall be glad to furnish any additional information you may desire."

This should be on good bond paper, preferably in the 8½" x 11" business size, not on tinted or scented personal paper. On the attached sheet list your qualifications in orderly fashion. You could, for instance, put the following headings on the left-hand side of the page and the required information in a column at the right-hand side, so that the information is instantly visible.

Name (Maiden name as well as present one, if married)
Address
Telephone Number
Age
Religious Affiliation
Marital Status
Physical description (color of eyes and hair, weight, height, etc.)
Education (including all special courses or training, with dates)
Experience (what types of private duty cases, hospital experience, etc., with dates)
Additional information about yourself (your hobbies, interests, plans for future study, ability to drive a car or to speak a foreign language, etc.)
Types of work preferred (list in order of preference)
Location preferred (give two or three choices if possible)
Salary (minimum and desired)
References
Date when you will be available for duty

The letter and list of qualifications should, if possible, be typed neatly and accurately. A typed letter will get attention more quickly than one which is scrawled in an almost illegible hand on a piece of poor writing paper. As one agency says, "In more than one instance, due to a poorly constructed and untidy letter of application, the nurse has been rejected on a position with the statement, 'From her letter to me it is evident that she could not even chart properly.' "

If no typewriter is handy, print the information, writing your usual signature at the bottom of the letter. State why you think you are especially fitted for a particular job, and attach a small photograph of yourself if you have one. Check up to see that the dates given are accurate throughout.

There are several things you should *not* do. Don't tell about your family or financial affairs—you're applying for a job, not charity. Appealing to the sympathies of a prospective employer never



helps a great deal—he is interested in what you can do for him, not what he can do for you.

Don't make false statements about your age, your experience, your training—these things are easily checked up, and being caught in a misrepresentation is not only embarrassing but quite possibly may prevent your getting a job.

Don't be overanxious about salary, if the job offers you good opportunities.

And don't start worrying about vacations before you even get the job.

One New York agency cites the case of a nurse who was applying for a position which would eventually lead to much better things. Here is the letter of application the superintendent of the hospital received—and remember that he had not yet interviewed the applicant:

"Dear Sir:

I have learned that there is an opening in your hospital for a technician. I would like it understood beforehand that I must have at least two months' vacation every year because I find that I want to take long trips, usually to Europe. My last two positions prevented my doing this, so I wanted you to realize that this is one of the specifications. What is the salary and how soon can I expect an increase?

Tell me how much time off I have so that I may know how often I may go to New York."

The superintendent returned the letter to the agency with this note:

"I am sending you a letter I received on..... I thought you would be interested in seeing a letter of application for a position. You will note that this nurse makes no reference at all to the duties involved, but is more interested in salaries, vacations and increases."

So the agency attached both letters to the following one and sent them all to the nurse:

"Dear Miss — :

We thought you would like to read over again your letter of application and would be interested in the comments of Dr. —."

Another prize case was that of the applicant who stated emphatically that she wanted a job in Florida. "Is there any special reason why you want a job in Florida?" she was asked. "Yes, there is," the nurse answered. "I can get a divorce in Florida for \$30, and it would cost me \$200 here!"

One very important point is to make sure that your letter is absolutely correct as to spelling and grammar. Any nurse who has had a high school education plus three years or more of training should be able to express herself in good English, and certainly it is an easy matter to check your spelling with the dictionary. Carelessness in these matters is inexcusable.

FILLING OUT AN APPLICATION

Much of what has been said about letters also applies to the filling in of applications. One New York agency stresses again and again the fact that you should list every possible detail that you think might help you to get a job—just the thing you omit may be the very thing that will be important.

This agency tells of one nurse who was very unhappy in her work, felt that she was on a dead-end street, but didn't

know what to do about it. In the course of a conversation she mentioned casually that she had a college degree. "But that isn't listed here," the agency head said. "I didn't think it was necessary!" the girl exclaimed. With a little more probing the agency head found that the girl liked teaching and was well adapted to it, and before the week was out the applicant was placed as an instructress, in surroundings that she liked, doing work that she was well fitted to do and enjoyed doing.

Such incidents are not unique. If you are in doubt as to whether a certain point should be listed, ask your registry. Most of the better registries do a great deal of vocational guidance work, since they are genuinely interested in helping nurses to get better jobs, and they will be only too glad to assist you in any way they can to make the most of your training and experience.

And again, print or type your application as if you had given some thought to it and had some pride in it. A registrar who sees dozens of applicants daily or a superintendent with a multitude of duties has no time and less inclination to wade through a jungle of poorly marshalled facts.

DRESSING FOR AN INTERVIEW

Some nurses who write an excellent letter of application fall down on the second phase of job-getting. They do not stand up successfully in an interview. Why? Appearance is probably the most important factor, then personality, with many other contributing angles.

Let's talk about appearance first. It seems almost incredible that some nurses, who have cleanliness dinned into their ears from the first day of training, should be guilty of uncleanliness. Yet one agency mentions a few cases in which nurses who were thoroughly

capable in their profession had overlooked this item in their personal appearance.

The applicant's fingernails should be well kept, and if liquid polish is used it should be intact and should not be of a giddy shade. Her hair should have that lustre that only frequent shampooing imparts, and if it is short it should be trim at the neckline. If cosmetics are used—and unquestionably they enhance the appearance of many women—they should be applied with skill and discretion. Shoes should be polished and there should be no runs in the hose.

Now as to the clothes themselves. Over and over again fashion writers emphasize the fact that the best dressed woman is the one who bases her wardrobe on simple, well cut clothes, preferably in a dark shade, with good accessories to vary the appearance. The French, who are noted for their style sense, have adhered to this custom for many decades.

Nurses who must spend so many hours in uniform cannot be blamed if they like a little fussiness in their street clothes. But the nurse who is seeking a job should realize that a dress which is appropriate for an evening of bridge is

(Continued on page 34)





Care of the Hair

Many women who consider themselves intelligent and fastidious in the care of their persons often neglect the most elementary care of the hair. Moreover, few women take the trouble to classify their hair from the standpoint of color, texture and scalp.

These conclusions are based on an interview with a well known New York dermatologist. "Texture of the hair is hereditary," says this doctor. "So is the tendency to premature graying and premature loss of hair. Neither of these con-

ditions is normal, but they may be normal to the individual.

"In case of premature gray hair, artificial coloring or dyeing is the only remedy. There is no such thing as the 'restoration' of color. Among dyes the vegetable dyes are safest. Individual susceptibility to scalp inflammation through the use of other types of dyes is sometimes as high as one in ten. Premature loss of hair can be treated and checked.

"Texture of the hair, which is roughly divided into the classifications of coarse, medium and fine, influences the ease with which hair can be dressed. There are no treatments or products which can produce change in hair texture, but pomades and various lotions will keep unruly hair neatly arranged. The same effect can be achieved through the use of water, comb and hands—together with a great deal of patience—but the individual with dry scalp and hair exaggerates this condition through frequent wetting.

"Cleanliness is the most important single factor in good hair care, and it is the one in which most people are neglectful, careless or ignorant. The average person with 'normal' hair—that which is neither too oily nor too dry—can and should wash the hair once a week. The person with very oily hair can shampoo more frequently. Dry hair should not be shampooed oftener than once in ten to fourteen days.

"Proper shampooing takes time if it is to be thorough. The hair should be wet and thoroughly soaped, then rinsed in warm water until free of soap. The process should be repeated, the final rinsings going from warm to cool. It is at this point that most people are careless. They do not rinse their hair thoroughly but leave particles of soap on

scalp and hair until the next washing, when the process is repeated.

"Another factor that contributes to improper cleansing of the hair is hard water, which reacts with soap to form curdy precipitates which coat the hair. Any of a variety of water softeners can correct this, however, or distilled water can be substituted for the hard water.

"The use of an alkaline soap in a shampoo will help to correct oiliness of hair and scalp. This type of soap should never be used by the person with normal or dry hair.

"The liquid soapless shampoo is a good cleansing agent, although some of these have a strong astringent action, much too severe for the dry scalp."

"What treatments are effective for the correction of excessively oily or excessively dry scalp and head?" the dermatologist was asked.

"Treatments to correct these conditions in individuals to whom they are

normal must be continuous. It must be borne in mind, however, that the continuous use of any chemical on the hair is apt to react upon the color of the hair. For that reason I use different lotions on the different hair colors. One group is classified as light and includes all shades of blonde, gray and white hair. The other group covers dark hair, into which classification most redheads and all brunettes would be placed. All these lotions, by the way, should be used in small quantity but rubbed well into the scalp as they have a corrective effect on scaliness in the scalp and dandruff. They are most effective if left on the scalp.

"Oily hair in the light colors—blonde, gray, white—requires a lotion composed of:

Pilocarpine hydrochloride	5 grains
Acid salicylic	1½ drams
Hydrarygi chlor. corros.	3 grains
Glycerin	2 drams
Spir. vin. rect. (70%) q.s. ad	8 ounces

(Continued on page 32)

Photo by Beth Dickinson



Babies Are Not *Secrets*

—an editorial

If there is one thorn in the flesh of the nursing and medical professions it is the unnecessarily high maternal and infant mortality in the United States. Doctors and nurses eagerly await any device which will tend to reduce this disgraceful loss of life.

It was with enthusiasm, therefore, that the film "The Birth of a Baby" was received in preview before professional groups. The moving picture shows diagrammatically and pictorially the complete maternal cycle. It is sponsored by the major reputable and official organizations interested in maternal and infant welfare. It is a dignified, scientifically authenticated essay, using as its vehicle a tender little drama about what might be termed "a typical middle class family."

But permission to show the picture publicly has not been obtained. New York State Education Commissioner Frank P. Graves refused a license, saying that the picture was "indecent, immoral, and would tend to corrupt morals."

It took years to obtain permission to exhibit to adult audiences the now somewhat archaic drama on syphilis, "Damaged Lives." The theory that "widespread education is one of our best weapons" in combating syphilis and gonorrhea is now so generally accepted that most newspapers and national journals unhesitatingly publish authoritative material about these two diseases which nice people in days past saw fit to ignore. If referred to at all they have been called the "social diseases," making them seem some awful and inevitable product of normal relationships. This further entrenches the diseases in the secrecy which has been one of the greatest obstacles in their cure.

Just as the struggle has been won to distribute information on these menaces we are forced to the mat to win the privilege of bursting a pretty, romantic bubble. Babies are not brought by the stork, and the sanctified state of motherhood is not sufficient in itself to guard against all harm.

That there should be a cloud of mystery about the source of babies seems absurd when one remembers that reproduction is one of the basic

drives. The underprivileged, the mentally handicapped, and the uninformed are not exempt from the urge to procreate. This being so, and supplied as we are with definite figures showing that great numbers of mothers and infants lose their lives or suffer irreparable injury yearly from causes connected with maternity, how dare we withhold any known facts about childbearing and childbirth?

True, one person's science is another's erotica. But the abnormal point of view smacks of arrested development. Such minds are surely safer well stocked with facts than left to gorge themselves on lurid distortions of the imagination. Accurate information is a bulwark to the normal mind; half-informed or mis-informed it is subject to dangerous errors.

The film "The Birth of a Baby" aims objectively to teach the physiological facts concerned with reproduction. It avoids the subject of birth control. Its chief message is that women should go to a physician early in pregnancy and remain under his supervision and guidance throughout the term. Incidentally, certain standards for medical care are set up so that women will know what to accept as the minimum of medical attention at this time.

Probably the film has its faults, but they are not faults attributable to professional indiscretion. I should like to have seen the nurse more accurately drawn on the lines of a well trained public health nurse. Her teaching is too brief, and in her home visit one draws the conclusion that she is on a rapid tour of inspection rather than in the home to teach and help the mother prepare for a home delivery.

To dwell on these points, however, is to quibble. The moving picture "The Birth of a Baby" is the first dramatic visual publicity on the subject so far released for popular adult consumption. We shall be shirking our professional responsibility if we allow any one to deprive the public of the information which the film carries.

Ruby R. Free

Nutrition Briefs

Here's what parents should know about candy, according to Dr. Morris Fishbein, distinguished editor of the *Journal of the American Medical Association*.

First of all, candy is an excellent source of fuel energy, and thus deserves a place in the diet, particularly when children are over-active and consequently in need of extra energy. The danger lies in giving it at the wrong time, or in giving too much of it. Candy tends to satisfy the hunger mechanism quickly. If it is given before a meal, it may interfere with the consumption of the protective foods, such as eggs, milk and vegetables, and thereby pave the way for deficiency diseases.

Dental caries, for example, is frequently seen in candy eaters. This is not because there is anything in candy that directly causes tooth decay, but because an excessive intake of candy cuts down the appetite for foods containing calcium, phosphorus and the vitamins, all of which are necessary for proper tooth development.

Candy is fine for children, declares Dr. Fishbein, but mothers should remember that there can be too much of a good thing.

Fishbein, M.: Hygeia, December 1937, p. 1075.



Belief in the virtues of sunlight is so universal that news of its inadequacy as a rickets-preventive will be startling to many.

Out on the Pacific Coast, San Diego has 38% more hours of sunshine per year than Portland. San Diego, furthermore, has a mild climate the year 'round, whereas Portland suffers severe winters when, although the sun is shining, children cannot usually play outdoors. Sun-worshippers might hastily conclude that San Diego kiddies are climatically better off in the fight against rickets. Sun-worshippers are wrong.

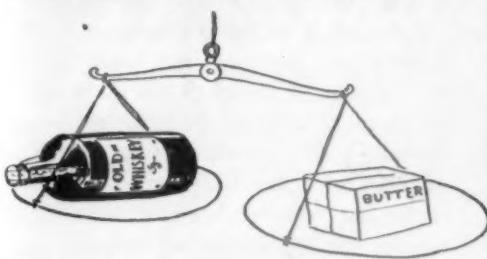
The incidence of rickets in Portland children is 98%. Among San Diego children, of comparable age and economic background, it is 91.8%, a difference too slight to be significant. Under modern living conditions, then, abundant sunshine cannot adequately protect against rickets.

Sun-worshippers should accordingly supplement the diets of children with some type of antirachitic substance—the sun alone will not suffice.

Moore, C. U., Brodie, J. L., Thornton, A. J., Lesem, A. M., and Cordua, O.B.: Failure of Abundant Sunshine to Protect Against Rickets. Am. J. Dis. Child. 54:1227, December 1937.



Teetotalers and topers have long bickered about the food value of alcohol. Both sides can produce stacks of data, although teetotalers feel that scientific proof of the value of alcohol smacks of the Devil quoting Scripture. Nevertheless, they can fight back at times with thoroughly cogent facts, as is shown in the report of the National Temperance League, which is Great Britain's equivalent of the W. C. T. U.



Studies on contracting muscles support this view. When a muscle works, a certain amount of energy is expended. Physiologically speaking, a quantity of sugar equivalent to the energy expended must be burned in the tissues, and the greater the work, the greater the sugar combustion. Increased work, however, does not increase the rate at which alcohol disappears from the tissues. Alcohol combustion in the body, then, seems to be a device more for protection than for utilization. The body is not utilizing alcohol as a food but is simply getting rid of it by the only means at its disposal.

Now it's the turn of the topers.

Alcohol, Nutrition, and Fitness. Medical Aspects of a Social Problem. Brit. Med. J. p. 1183, December 11, 1937.

Student nurses, asked to list the causes of diabetes, may with reason include the washing-machine and the vacuum-cleaner. Ridiculous? Hardly! There has been an alarming increase of diabetes among women. According to Boston's Joslin, No. 1 diabetes authority, modern work-saving devices keep women from burning energy at the rate their grandmothers did. Result: piling up of unused energy, increased burden on the islands of Langerhans, and, eventually, diabetes.

To stop this diabetic onslaught, women should find new forms of exercise to replace the banished scrubbing-board and broom. Most important, women should eat moderately of the more delicious, sweeter foods that modern culinary progress has made possible. Along with the washing-machine, bulging waist-lines and haystack hips are undoubtedly a most important cause of diabetes.

Goodrich, C. H., Prevention of Obesity and Diabetes. N. Y. State J. Med. 38:54, January 1938.



Because mineral oil is a frequently ordered medication, nurses will profit from a report of the Council on Foods, alert watchdog of the American Medical Association.



Mineral oil happens to be an excellent solvent for carotene, and carotene, in turn, is the so-called precursor or provitamin A. Chief sources of carotene are milk, butter and the leafy vegetables, such as spinach. When these foods are digested, their carotene is absorbed and converted by the body into vitamin A. But when mineral oil is present in the intestine during digestion, much of the carotene is held in solution by the oil, and is thus lost to the body.

If patients are to take mineral oil for an extended period, it should be given between meals. Otherwise, warns the A.M.A., serious vitamin A deficiency may result. *Mineral Oil in Foods. Jour. A.M.A. 109:1814, November 27, 1937.*

Book Review

NURSES HANDBOOK OF OBSTETRICS. By Louise Zabriskie, R.N. Formerly Night Supervisor Lying-in Hospital, New York City; Field Director Maternity Center Association, New York City. Fifth edition, 1937. 724 pages, 381 illustrations. J. B. Lippincott Company, Philadelphia. \$3.00.

The four previous editions of this fine book are well known to nurses, but this fifth edition contains so many unique features of vital interest that the book should be in the hands of every nurse.

It is, for instance, the first book of its type to conform closely to the new curriculum guide, and for that reason should be particularly useful to teachers and students. The book is arranged in units, each with an orientating preview and conference material. At the beginning of each chapter is a brief outline of what the chapter contains.

The book is filled with excellent photographs and drawings, and is unusually strong in anatomy. Of particular interest is one drawing which required five years of research and preparation—that is the marvellously detailed drawing by Dr. Robert L. Dickinson, showing the travel of the egg from ovary through implantation, with the various alterations en route. Dr. Dickinson, who has done some outstanding research work, lent many drawings for use in this book, adding a great deal to its value.

Another important feature is the series of photographs of an actual delivery from the beginning to the completion of labor. A group of X-rays taken at Sloane Hospital for Women in New York City show the different types of pelvis. All the newest devices are pictured, including the latest type of delivery table, umbilical clamps, and a lamp which is used to protect or resuscitate the baby immediately after birth. An excellent black-and-white drawing graphically portrays the amount of ossi-

fication yet to be completed in a full-term fetus.

The list of doctors and hospitals collaborating in the preparation of the book is an imposing one, and, added to the weight which Miss Zabriskie's own name carries in the fields of obstetrics and public health nursing, gives the material undisputed authority. The book is the last word in hospital technic; it teaches the application of hospital procedures to home situations; and the public health angle is clearly presented, but not at the expense of modern hospital practices. There are valuable chapters on the history of obstetrics, and recent advances in this field, including newer developments in anesthesia. A permanent and workable means of identification through palm prints is suggested to supplement or supplant some of the methods now used in hospitals.

Miss Zabriskie states that every mother needs care and supervision for at least ten months, and that the nurse who has had two weeks' experience with each mother and infant may be a good delivery room nurse but she falls short of the place in community usefulness which she ought to occupy. The ends to be achieved by this public health point of view are based on meticulous and intelligent care of the individual patient.

To the nurse who has not been trained in public health Miss Zabriskie's latest book should open up wide vistas of understanding. Nurses who have had such basic courses and experience will find the book an unfailing guide of particular value in bringing them up to date. Certainly no nurse can remain unmoved in the face of Miss Zabriskie's plea to help stop needless deaths of mothers in this country where the maternal death rate is more than double the best rate

(Continued on page 43)

*Non-irritating
sterile*

A boon to catheterization—K-Y Jelly. It is greaseless, water-soluble and transparent. Ideal for gloves and instruments. Harmless to rubber. Formula: Irish moss, tragacanth, glycerine, water, boric acid.

K-Y

LUBRICATING JELLY

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

ORDER FROM YOUR DEALER



Calling All Nurses

"My eternal thanks to R. N. for finding a friend for me whom I had not been able to reach for fifteen years. Many thanks also for the prompt forwarding of her letter to me, which reached me only two days after the December copy of the journal. J. C. R."

This is an excerpt from a letter we received from a reader as a result of a "Calling All Nurses" notice which she inserted in our December issue.

Look over the notices below. Perhaps an old friend is seeking you. If you have any old friends in the nursing profession whom you haven't seen for some time and would like to see again, please feel free to use these columns. There is no charge for a "Calling All Nurses" notice.

ELEANOR KERR: We are holding at the offices of *R.N.* (420 Lexington Avenue, New York City) a letter and merchandise addressed to Miss Kerr at Beirut. This material was sent in one of our envelopes and returned to us since Miss Kerr evidently could not be located. If the sender will call at our offices we shall be glad to return the property to her.

GRADUATES OF NEWARK (N. J.) CITY HOSPITAL: An exceptionally interesting reunion is being planned in connection with the 50th Anniversary Celebration of this institution next spring. Here is a real opportunity for a genuine get-together. Any graduate of this institution or any one who knows of a graduate of this institution, regardless of present location, please get in touch with Carolyn Schmoker, c/o Alumnae Association of the School of Nursing, Newark City Hospital, Newark, N. J.

"MIM" GLADFELTER REEVER: I hear that things have tamed down a bit at St. Marks since you played ball in "West One" and smashed the ceiling lights. Have you grown more dignified since 1931? Let's hear from you. "Bob" Wagner.

RUTH ROBINSON: What do you hear from

the old gang of Alpha Zeta Betas? It seems years since I have had news of them all. Write me at Wethersfield, Connecticut, and tell me all about yourself. Ann Barrett.

EDNA BEWLEY: Last heard of you at Cook Hospital, Fairmont, West Virginia in 1930. What are you doing now and how's about writing me? You know I would love to hear from you. P. Fidler.

ELLA P. STEVENSON: Where did you go after you left New York City and our apartment in London Terrace? Are you doing physical therapy work now? What do you hear from the old crowd that were graduated from Presbyterian Hospital in Philadelphia with you? How's about a letter? Write me c/o R.N.

IONE WELLS: Graduate of Homeopathic Hospital, Pittsburgh, 1925. One of your old friends would like to have news about you. Phoebe.

BABE SANFORD: Do you still go around riddling refrigerators of paper bags? Hope that "Diane" is still rattling merrily over the highways and byways. You might write a feller once in a while and let's know what's what. "Gumpy" c/o RN.

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THE OLD MAN OF THE SEA



RESYL "Ciba"

The dry, thick, excess mucus which the coughing patient cannot expel, becomes a troublesome burden. RESYL "Ciba", serves as a rapid resolver of mucus in upper respiratory conditions. Normal secretion can proceed as "un-profitable" coughing diminishes.

RESYL is a palatable, readily-absorbed glycero-gualacol-ether; efficient for adult and child. It makes an excellent vehicle for codeine or other drugs.

RESYL for coughs . . . the stimulant expectorant.

Write for samples and literature.



LIQUID



CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY

Make Up and Live

(Continued from page 23)

"The formula for use on oily dark hair—brunette, auburn, etc.—is:

Resorcin	1½ drams
Acid salicylic	1½ drams
Hydrargyri chlor. corros.	3 grains
Glycerin	2 drams
Spir. vin. rect. (70%) q.s. ad	8 ounces

"Dry hair in the light shades should be treated with a solution of:

Acid salicylic	1½ drams
Pilocarpine hydrochloride	3 grains
Hydrargyri chlor. corros.	3 grains
Ol. olivae	2 drams
Spir. vin. rect. (70%) q.s. ad	8 ounces

"Dark hair which is dry requires a lotion containing:

Resorcin	2 drams
Acid salicylic	1½ drams
Hydrargyri chlor. corros.	3 grains
Ol. olivae	2 drams
Spir. vin. rect. (70%) q.s. ad	8 ounces

"Care should be taken in using these lotions to see that they do not get into

the eyes, since they contain poisonous substances which may be harmful to the delicate structure of the eyes."

"What of the person whose hair and scalp becomes oily or dry because of illness or some other factor?"

"Those individuals need only temporary treatment because in most cases their scalp and hair will return to normal shortly after they themselves do. The person who is suffering from dry hair and scalp under these circumstances can supply the oil which is lacking through the use of the solutions mentioned previously for dry hair. Abnormal oiliness of the hair and scalp can be treated four or five times weekly by the application of one of the lotions for oily hair."

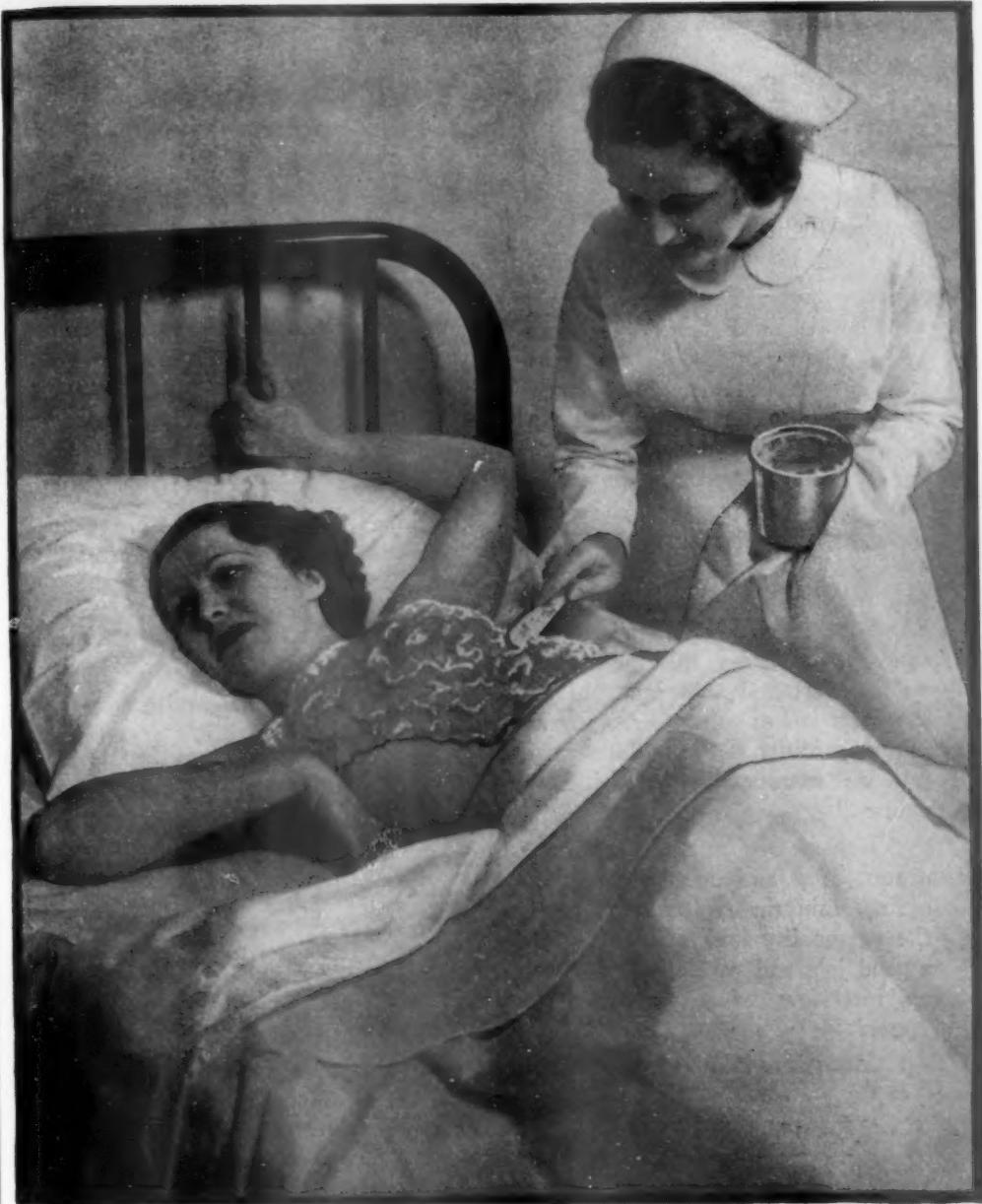
Nurses should be particularly painstaking in the care of their hair not only from the standpoint of cleanliness, which must be part of their professional life, but also from the equally important standpoint of appearance. The stiff little white cap which is so becoming a part of the nurse's uniform is merciless in its exposure of untidy, uncared-for hair. On the other hand, perched atop a neat, attractive head, it adds much to the charm of the nurse and to her own feeling of well-being.

The intractable patient often reacts well to simple hair care. We all know that a few days in bed will tend to make the hair lifeless and hard to manage, but even the most irritable patient will respond pleasantly to the soothing and slightly stimulating effect of a shampoo or hair treatment.

WHAT AN IMPROVEMENT
Maybelline
DOES MAKE!

Good taste demands your lashes never be neglected, pale or straggly. No less objectionable is that beady, "stuck-together" look caused by ordinary mascaras. For the natural appearance of long, dark, luxuriant lashes millions of discriminating women have learned to rely on a few simple touches of Maybelline Mascara in Solid or Cream-form. Perfectly harmless. Tear-proof and Non-smarting. Soft shades of black, brown or blue. 75¢ everywhere. Refills 35¢. For most delightful results, insist on Maybelline.

Manufactured by the Maybelline Manufacturing Company, New York, N.Y.
Distributed by the Maybelline Manufacturing Company, New York, N.Y.



It takes only a few minutes to prepare a pneumonia jacket of

ANTIPHLOGISTINE

but its therapeutic action *lasts for hours!*—So much easier on both patient *and* nurse than rapid-cooling poultices—no wonder physicians prefer Antiphlogistine in the treatment of their

PNEUMONIA, BRONCHIAL and INFLUENZA patients.

Sample of Antiphlogistine with aluminum applicator sent free to Nurses on request.

THE DENVER CHEMICAL MFG. CO., 163 VARICK ST., NEW YORK

Put Your Best Foot Forward

(Continued from page 21)

decidedly not the thing to wear at 10 A.M. to an interview. It shows that the nurse is lacking in good taste as well as in style sense, and the prospective employer might well be forgiven if he judges her background by this one point.

The story is told of one nurse who appeared at an agency—and this is hard to believe—in a yellow chiffon dress, red shoes, and a hat with an enormous feather. The effect was all the more astonishing since the nurse was a quiet, well bred young lady. After the registrar recovered from the first shock she asked the girl why she was dressed as she was. "Somebody told me that I was an introvert and that I should be an extrovert if I'm going to get anywhere in my profession. So I am declaring myself an extrovert by wearing these clothes."

"Go home and put on your plainest, neatest dress and become an introvert again," said the registrar. "You have the personality and qualifications for a good job, and we'll send you out on an interview when you're correctly dressed."

Color in dress is important, too. Don't

wear a brown dress and black shoes and a green coat if you can avoid it. Certain colors clash badly and set the sensitive person's teeth on edge. Keep the loud colors for evening wear, or if you must wear them on the street they should be used sparingly in your accessories.

THE PERSONALITY ANGLE

Nobody has yet accurately defined personality — but anybody can tell whether a nurse does or does not possess it. And the nurse who lacks it frequently gets the poorer paid, less desirable jobs, or is overlooked when good openings occur. Since excellent methods of developing personality are available to every one at little or no cost, the nurse has herself to blame if she is overlooked in the scramble for worthwhile jobs.

Certain outstanding faults can and must be avoided if the candidate is to receive an A or B rating on her application. Registrars are almost unanimous in their assertion that the chief fault of nurses applying for a position is talkativeness. They have no natural re-



**Help her enjoy
more days
of outdoor sports**

HVC

HVC (*Hayden's Viburnum Compound*) has been recommended for years by Physicians and Nurses because it is a safe and long tested antispasmodic and sedative which contains no narcotics or hypnotics. HVC is indicated not only in general medicine but also in Obstetrical and Gynecological practice.

Trial Sample with Literature to Nurses

**NEW YORK PHARMACEUTICAL CO.
BEDFORD SPRINGS**

DEPENDABLE ANALGESIC ACTION *thru Local and Systemic Influence*

In the arthritides, in rheumatoid conditions, in myalgia, lumbago, and influenzal infections, Baume Bengué usually produces rapid relief of pain. Through local decongestant action and systemic salicylate influence, it quickly allays joint and muscle discomfort. Edema subsides, and greater motion becomes possible; resolution is promoted, and restoration of function is hastened.

The systemic action of Baume Bengué, produced by cutaneous absorption of methyl salicylate, never leads to the gastric irritation so often encountered in the oral administration of salicylates. A generous sample will be mailed upon request.

THOS. LEEMING & CO., INC.
101 W. 31st Street, New York

In MYALGIA, LUMBAGO, RHEUMATOID
AND ARTHRITIC CONDITIONS, INFLUENZA

serve. They spend much of the interview telling irrelevant, straggling facts about their personal affairs, instead of stating concisely the information which would help them.

The second most common fault is arrogance. "It is true that nurses have a high calling," said one registrar, "and they invest their work with altruism and romance. But that is no excuse for the arrogance and the chip-on-the-shoulder attitude which some nurses assume and which in many cases make it difficult to find a position for the candidate. The nurse who is truly imbued with the spirit of nursing never has this attitude."

The third personality trait to avoid is, strangely enough, a complete reversal of the first — inarticulateness. Some

nurses are by nature unable to "sell" themselves, to put their best foot forward, even with the help of a skillful interviewer. This type probably merits sympathy. But the nurse who deliberately assumes an "I dare you to get any information about me" attitude deserves to and usually does lose out on her chances for getting a job. Most interviewers are sympathetic; they want to help the nurse. But there is little inducement to do this when the applicant acts as if she is doing the agency or the superintendent a favor in giving the necessary information about herself, or in refusing to report to an agency the results of an interview on which she has been given a lead.

These are probably the three worst faults to avoid, although many others could be mentioned. It is taken for granted that the nurse will know the ordinary rules of etiquette. The well bred nurse has the poise, the instinctive good manners, the lack of objectionable mannerisms, to carry her successfully through an important interview. She does not sit down until requested; she is not awkward and hesitant; she sits quietly and does not fiddle with her accessories or objects on the interviewer's desk; she does not interrupt the interviewer; she states her qualifications briefly and truthfully; she lets the interviewer take the lead in asking questions; she does not intrude her own opinions until they are requested; she arises to go immediately when the interview is over. Her voice is low and pleasing—nothing is more distressing than a high-pitched, nasal tone. She uses good English, correctly pronounced. In other words, she is a pleasant person,



THAT'S the number of Hygeia advertisements published each month. Enough individual advertisements to reach every family in every city, town and farm in the United States. Not just this year or last year—Hygeia has been a consistent advertiser for 30 years.

And every advertisement says "ASK YOUR DOCTOR." Again and again, Hygeia urges mothers and expectant mothers to seek the advice of a physician. The wide-mouthed sanitary Hygeia Bottle was invented by a physician—we are willing to abide by the judgment of professional men at all times.

HYGEIA NURSING BOTTLE COMPANY, INC.
197 Van Rensselaer St., Buffalo, N. Y.

HYGEIA
THE SAFE NURSING BOTTLE AND NIPPLE

a personable person, the kind of person you think of when you use the word "personality."

THE SALARY QUESTION

The approach to the salary question is sometimes a little difficult. If an agency is sending you for an interview, ask what salary is listed for the position. Then when you are interviewed, say, "I understand that the salary is —. Is that correct?" But a word of warning—be sure that you quote the figure the agency gave you. Don't add ten or fifteen dollars as one nurse did whenever her agency sent her to interviews—until they wearied of getting reports from prospective employers that the applicant wanted a higher salary than was specified.

"Where salary is not quoted and you are asked the rate desired, it is well to put the prospect of promotion above immediate remuneration," suggests one registrar. "Where your educational background and experience warrant the salary usually allotted in your particular field, you can state your desires. Salaries vary according to community, and this should be considered in stating the rate you want."

Needless to say, if the salary offered is not as large as you feel your training and experience warrant, you can point out tactfully the reasons why you feel you would be worth a higher rate to the institution. Frequently a compromise can be reached, but if this is impossible there is only one thing to do—wait for another opportunity.



NURSES... look your very best in a **WHITE CROSS SWEATER**

5.95

Smartly styled with trim youthful lines yet fully in keeping with every requirement of the profession, this regular Nurses sweater will delight every woman.

Indispensable throughout the year, this "professional cardigan," the only sweater approved by leading hospitals everywhere, is an essential part of every nurse's wardrobe.

Solidly knit of 100% pure Zephyr wool it has warmth without weight, is incredibly soft and extremely durable. Made in White and Navy Blue, sizes 34 to 44.

Your two initial monogram beautifully hand embroidered in color — **FREE OF CHARGE** — makes it a prized personal possession.

You will recognize its economy and truly remarkable value at \$5.95, the special price to nurses. Send \$1.00 deposit together with your size and initials or write for a fabric sample and further details to Dept. RI.

THE WHITE CROSS SWEATER CO.
36 WEST 32ND STREET NEW YORK

Primer for Homebodies

(Continued from page 17)

individual needs. If you do not have the services of a decorator, here are a few things to remember.

THINGS TO REMEMBER

In purchasing furniture, it is assumed that the apartment has already been selected and that wall spaces have been studied so that there will be one almost unbroken space for a sofa or couch, without having to place such a cumbersome piece of furniture catcorner. Window space should also be studied, with particular reference to the position of radiators, and furniture should be purchased to make an attractive group near this brightest, most conspicuous spot in the apartment. Drapes should be chosen to blend with the color and design of wood and upholstery, taking care that they do not shut out too much light.

Rugs are always a matter of personal choice—some people preferring a bright-patterned design, others the solid color broadloom type of carpeting. If your preference is for the latter, make sure before buying it that footprints will not stand out sharply against the color you select. This is most important because a rug is an expensive item and if cut to room size cannot be exchanged.

The store may not like the idea of your walking all over their broadloom samples with dusty shoes, but they will be less upset than you if you discover later that you have spent a good part of your budget on a rug that never looks clean.

BUYING ON A BUDGET

To show what can be done on a limited budget, we illustrate two types of rooms in currently popular furniture styles. The first is a typical 18th Century, one-room studio type apartment, suitable for two nurses. A room like this can be furnished for well under \$200, and paid for over a period of as long as eighteen months.

Many English and American cabinetmakers did their best work in the 18th Century, and the influence of one of them, Duncan Phyfe, is shown in the room illustrated in the dining table and chairs as well as in the small cocktail table set before the studio couch. Note how the drop-leaf table and chairs are arranged to make an effective window group. The table, when open, will seat six.

The studio couch, which opens to

PINEOLEUM

REG. U.S. PAT. OFF.

with

EPHEDRINE

THE PINEOLEUM COMPANY • 4 BRIDGE STREET, NEW YORK CITY

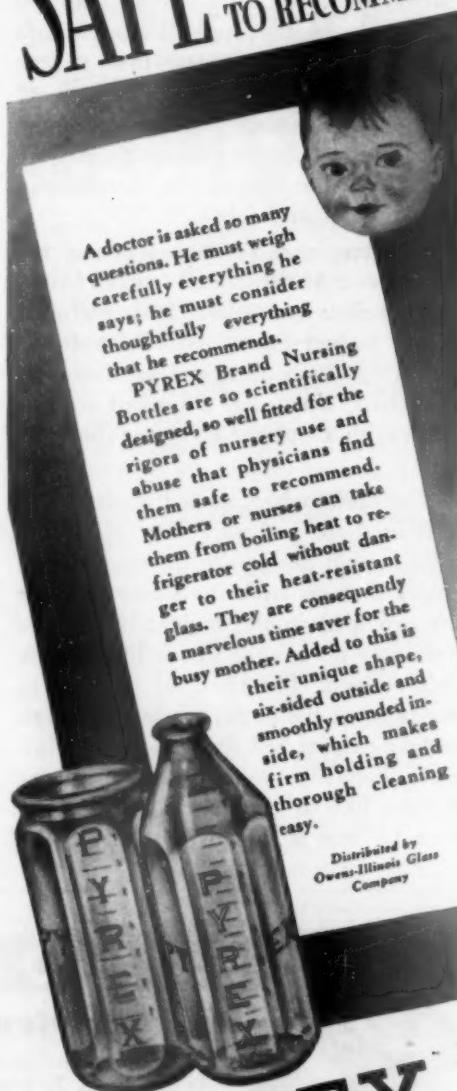
For quick shrinkage of the membranes, Pineoleum is now also available with an ephedrine content—in two forms: *Pineoleum with Ephedrine* in 30 cc. dropper bottles, and *Pineoleum Ephedrine Jelly* in tubes. Samples on request.

double-bed size, is flanked by a pair of butterfly tables, roomy enough for lamps, ashtrays and magazines. The cocktail table in front of the couch is small and light enough to be moved around, so that it can be placed next the big Queen Anne chair to hold sewing or hors d'oeuvres and glasses. Chosen especially for this room, it is just the right height to look well next the chair or before the couch. The big Queen Anne chair is remarkably comfortable as is the couch with its-pillowed back.

Even if you and your roommate don't need a desk, you will need drawer space, and the Governor Winthrop secretary illustrated supplies this handsomely. The upper section is a book case and the desk portion behind the drop lid is adequately supplied with pigeon holes and small drawers. Drapes, rug and mirror are included in the budget figure. The rug is a plain, unfigured one and can be either solid color or monotone. In an 18th Century mahogany room, where the wood does not supply much color, the rug and drapes as well as the upholstery of the chair should be fairly colorful. Bright blues in dark shades go beautifully with mahogany; so do wine shades and gold, although the latter may present a cleaning problem.

The two-room-and-kitchen apartment is a good arrangement for three girls who are sharing living quarters. This type of apartment can be furnished for as little as \$238 for both rooms, using Early American or Colonial furniture. The living room of such an apartment is illustrated here in maple, set against walls of blue-green. While your landlord may balk at duplicating this color scheme exactly, he can certainly provide simple green walls that will bring out the lovely reddish-gold of the maple furniture.

**SAFE TO BOIL
SAFE TO CHILL
TO RECOMMEND**



PYREX
BRAND
NURSING BOTTLES

Because of its convenience, the studio couch is used here again, although you may prefer a sofa or sofa-bed. These may sometimes be purchased for as little as sixty or seventy dollars, which is twenty to thirty dollars more than the cost of the studio couch. To buy a sofa even at these prices, one must watch the sales for months. Your choice is apt to be limited in these sales and you must be careful to choose a sofa that harmonizes with the rest of the furniture in period, color and fabric.

The maple end tables flanking the studio couch illustrated support two lovely yellow lamps, which are included in the budget figure. Also included is the bridge lamp next the big comfortable chair, which has a kind of built-in ash tray at about the height of the chair arm.

The table, when opened as shown, is oval in shape and very new in design. Also new in design are the sturdy little chairs that go with it. Three of these are provided in the budget, and extra ones may be bought for as little as six dollars each. The chest of drawers to the right of the picture is large enough to take care of bed linen as well as lingerie, handbags and all the miscellany women like to keep out of sight. The 9' x 12' rug is shown in a bold plaid,

considerably softened by the color—a dusty rose with wine squares.

This maple living room is just as suitable to the one-room studio apartment as the 18th Century room previously described. It could be purchased for around \$170, without drapes.

The bedroom of this apartment may be furnished in maple if desired, although the budget figure of \$238 for the two rooms is based on a three-piece bedroom set in the new knotty pine. This wood has been used with marked success in panelling very smart rooms, and it is just as smart in furniture. The color might be described as "blond" and is beautifully marked by the natural grain and knottiness of the wood. This color will blend with practically every type of drape or counterpane, and the Early American design of the furniture is so simple that the gayest chintz won't make the room look cluttered.

Three pieces, which could include a big double bed, dresser and chest of drawers or vanity (with plenty of drawer space) run to about \$70 in this type of furniture. Since bedding is so much a matter of choice, it is impossible to arrive at a figure on a satisfactory mattress and spring. These are not included, naturally, in the very low figure above.



Dosage:

1 to 2 capsules 3 or 4 times daily. Supplied only in packages of 20 capsules.

Literature on request.

ERGOAPIOL (SMITH)

A Menstrual Regulator . . .

When the periods are irregular, due to constitutional causes, Ergoapiol (Smith) is a reliable prescription. In cases of Amenorrhea, Dysmenorrhea, Menorrhagia and Metrorrhagia, Ergoapiol serves as a good uterine tonic and hemostatic and is valuable for the menstrual irregularity of the Menopause. Prescribed by physicians throughout the world.

MARTIN H. SMITH CO. • 152 Lafayette Street • New York, N. Y.

Early American furniture has several advantages in addition to its low cost. One is that drapes need not be expensive or specially made. A frilly criss-cross marquisette or organdy curtain makes as tasteful and pretty a window decoration as the most expensive drapes. And these can sometimes be picked up at a sale for as little as three dollars a pair.

DIVIDING THE EXPENSES

Now that the furniture has been decided upon, and it is assumed that the apartment has already been selected, the two or three housekeepers had better start figuring expenses. In the matter of rents, these vary all over the country, although New York City rents are probably as high as any.

Even in New York City it is possible to get a nice one-room, kitchenette and bath apartment for thirty-five dollars a month. For ten dollars more monthly, it is possible to get a two-room-and-kitchen apartment. Add another five dollars a month to care for gas and electricity bills and tips to the superintendent of the building for his aid when the ice cubes stick in the refrigerator.

Let us say that two girls share a one-room and kitchenette apartment at thirty-five dollars monthly, and are paying installments on furniture at the same time. The 18th Century room illustrated runs to something under \$200—which can be paid in installments of \$10 a month over a period of 18 months.

Here's the budget covering apartment and furniture installments:

Monthly rent	\$35
Gas and electricity.....	5
Furniture	10
Monthly expense	\$50
Half of this total is \$25, each girl's	

NURSES ARE NOT IMMUNE!

NURSES, like doctors, are subject to the same human ills as their patients. And one of the most common ailments from which they suffer is constipation.

Frequently a laxative is indicated. On such occasions, the new and improved Ex-Lax offers assurance of pleasant and effective relief.

For over 30 years, Ex-Lax has been America's most widely-used laxative. And now, in its improved form, it is actually *better than ever!*

TASTES BETTER THAN EVER!

Ex-Lax is pleasant and easy to take. Its delicious all-chocolate taste is smoother and richer than ever!

ACTS BETTER THAN EVER!

Always dependable in action, Ex-Lax is now even *more* effective. It moves the bowels thoroughly and comfortably in less time than before!

MORE GENTLE THAN EVER!

Ex-Lax is mild. It does *not* overact. Except for the relief you enjoy, you hardly know you have taken a laxative.

• • •

Even though you may have used Ex-Lax before, we invite you to mail the coupon below for a free sample of the new and improved Ex-Lax.

TRY EX-LAX AT OUR EXPENSE!	
(Paste this on a penny postcard)	
Ex-Lax, Inc., P. O. Box 170	
Times-Plaza Station, Brooklyn, N. Y.	
I would like to try the new and improved Ex-Lax. Please send me a free sample.	
R. N.	
Address _____	
City _____ State _____	

share of the monthly expense. After the furniture is paid for, each girl would have expenses of only \$20—or less than five dollars a week for a charming home.

In the home where both girls loathe housework, it isn't too expensive to hire a part-time maid once a week for about a dollar to give the place a good cleaning. If the girls are not too untidy, this cleaning can last for two days without either raising a dust cloth. After that, however, the girls should alternate in giving their home a quick brush-up, which needn't take more than half an hour, and each girl would do the work only twice a week.

Then there is the cooking problem. As mentioned before, if one of the girls is a good cook, she should be treasured. It would not be unfair to let her off some of her share of the housework. Appreciation is the breath of life to a good cook, and this would be a tangible

way of expressing it. Eating at home in an attractive environment is not only inexpensive but pleasurable to the average nurse. It's a real treat to get into comfortable shoes and a house coat and sit down leisurely to a good meal.

The food problem for nurses was covered thoroughly in the November issue of *R.N.* by Miss Edith Piquet Kaylor. She stated that "by realizing there are . . . ways of cutting down food costs the nurse can make a \$20 food allowance provide all food necessities for a month." The allowance for two girls, on this basis, would be \$40 monthly and for three girls \$60, or about five dollars weekly for each girl. While this is a low figure for the individual, when it is pooled in the cooperative home, this food allowance in the hands of a skillful shopper would provide many appetizing meals.

The cost of a three-room apartment (two rooms and kitchen), using the maple living room and the knotty pine bedroom furniture in a forty-five dollar apartment, could be figured in two ways. One would be to pay the furniture installments over a period of a year, and the other over a period of 18 months.

Furniture paid for in one year

Monthly rent	\$45
Gas and electricity.....	5
Furniture	20

Monthly expense

Furniture paid for in 18 months

Monthly rent	\$45
Gas and electricity.....	5
Furniture	12

Monthly expense

\$62

Divided among three girls, the monthly expenses would be about \$23.50 each if the furniture were paid for in a year, and about \$20.70 if the longer period were preferred. When the

furniture is paid for, the monthly cost to each would be about \$17. This is a very low price to pay for the privilege of living in an atmosphere that is restful and pleasing.

It is a very low price, too, to pay for the satisfaction and pride one has in living among one's own possessions. Every woman who has a charming home experiences renewed pleasure every time she opens the door of her dwelling. It brings her a feeling of security and restfulness that is particularly necessary to the nurse, whose working day is almost always nerve-wracking.

Book Review

(Continued from page 28)

that has been achieved by other nations, and to help the "slaughter" of infants caused by "the ignorance of mothers and fathers and the indifference of communities in which they live."

The book is written simply and clearly. It is attractive in format and binding and is set in a good readable type face. At the end is a 30-page glossary of terms commonly used in obstetrics, together with the correct pronunciation of these terms according to Webster's International Dictionary. The index is, unlike some indexes, of real

assistance in locating the desired information immediately. All in all, the book shows the results of careful and painstaking preparation on the part of author and publisher.

Do YOU Like Our Cover Photographs?

We have had considerable favorable comment about our front cover photographs.

Frankly, we want to continue to have them just as attractive as they have been in the past. However, we want your help.

There are other nurses just as attractive as or more attractive than those who have appeared on our covers in the past.

We should like to receive those photographs. The girls whose photographs are accepted for use will receive our check for \$25.

Send in your photograph today!



For the ITCHING and IRRITATION of ECZEMA · HEMORRHOIDS · COMMON RASHES

Use soothing Resinol Ointment to give quick, effective relief from this torturing condition. Doctors recommend it because its freedom from harsh, irritating drugs permits unhesitating use in acute, highly sensitive cases. For refreshing baths use bland Resinol Soap.

For sample write Resinol Chemical Co. RN3, Balt., Md.

1 1/4 ounce and
3 1/2 ounce jars

RESINOL

At all
druggists

"Oh, So You're A Nurse?"

(Continued from page 13)



She Decided to Buy a New Dress

for years as if it were some mysterious power that belonged to a few privileged individuals, especially to actors and actresses, some vital something-or-other that made them irresistible, whether or not they want to be! Such nonsense! People are, to themselves, the most important beings on the face of the earth. By analysis, then, we realize that the persons we like most are the ones who agree with us that we are wonderful! Reversing the procedure, we discover that by giving people the subtle flattery of asking their opinions, or by merely radiating a particular liking for them, we earn friends in return.

Ah! You find that the recipe works wonders. You have a truly brilliant idea! You are going to try putting one

over on your worst enemy, rendering the lion docile in his den. You have decided to present the difficulties between you to him from *his* point of view. That's good psychology! Here fate turns around and gives you the laugh, however, for by the time you are through, you not only understand *his* side, but are most often fully in sympathy. He, under the influence of your newly-found attitude, begins to rather like you, after all! The result? Two friends!

Nursing needs publicity to drag it out of the place it holds in public opinion in many places. However, today's nurse is vitally alive to her possibilities. She is young, eager, well groomed. She is interested in progress, in scientific research and, though it may take time to tear down the walls of smothering criticism which are her heritage, she will do it!



Nursing Needs Publicity

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Interesting Products

The paragraphs below are in a sense an abstract of current literature and samples available to registered nurses by commercial houses. They are listed here as a service to our readers. In writing to these concerns it will be to your advantage to stress the fact that you are a registered nurse and a regular reader of R.N.

—Managing Editor.

WHITE KIDSkin: Nurses, who put a far greater strain on their feet than is required of other groups of women, will be interested in an exceptionally interesting booklet, "What to Look for in a Shoe," prepared by G. Levor & Company, Gloversville, N. Y. This booklet tells why kidskin is the only leather endorsed by orthopedists. All nurses should read this booklet—a copy may be secured without charge by addressing the company at Gloversville, N. Y.

NURSING BRASSIERE: Developed by Maiden Form under the supervision of an obstetrician, it is designed to give firm support and to facilitate the involution of the breasts after the nursing period. Made with hygienic features such as breast shields, holders for pads of sanitary gauze and adjustable shoulder straps. Long and short styles. An interesting, illustrated booklet containing full details is available to all registered nurses. Address Maiden Form Brassiere Co., 200 Madison Avenue, New York City.

CASHAY: A new type of tampon for use in personal feminine hygiene. This is expected to be one of the products which may replace the sanitary napkin, but it will be a matter of personal preference. It is said to be harmless, highly absorbent, completely odorless and comfortable, and is worn internally. A sample will be sent to registered nurses. Address Cashay Corporation, Dept. RN 1-38, 50 East 21st Street, New York City.

DILLARD'S ASPERGUM: Aspirin in a pleasantly flavored chewing gum. No tablets to swallow, no water needed, no gargling, in case of an irritated throat. It enables you to take aspirin at any time. A trial sample will be sent to registered nurses addressing White Laboratories, Inc., Dept. RN 1-38, 113 North 13th Street, Newark, N. J.

FORHAN'S: This is one of the oldest tooth pastes on the market, and if you belong to the tooth paste advocates you will enjoy it. The formula is by R. J. Forhan, D.D.S., and it is especially designed to clean the teeth and massage the gums. A professional sample will be sent to all registered nurses addressing Dept. RN 1-38, Forhan Division, Zonite Products Corporation, New Brunswick, N. J.

IMADYL UNCTION "ROCHE": A new rubefacient that dilates the capillaries of the anointed part. It stimulates local circulation and metabolic activity. It contains histamine and acetyl-glycol-salicylic ester (Roche) and has been found effective in local treatment of arthritis and other painful conditions. For sample address Hoffmann-LaRoche, Inc., Nutley, N. J.

WILBERT'S NO-RUB SHOE WHITE: Here is a new product that is easy to apply, spreads quickly, removes stains without injury to the shoes. It won't crack, cake or dust off. Nurses who are particular about the appearance of their shoes will be interested in writing for a sample of this product. Address Wilbert Products Company, Dept. RN 138, 805 East 139th Street, New York City.

WHITE CROSS SWEATER: Here is a personal, professional white sweater made especially for nurses, smartly styled and knit of 100% pure wool in sizes from 34 to 44. It is also available in navy blue. It gives warmth without weight. An actual fabric sample will be sent on request. Address Dept. RN2, White Cross Sweater Company, 38 West 32nd Street, New York City.

DIX-MAKE UNIFORMS: A new style catalog has been issued for Spring 1938 "originals." You will find smart, distinctive and well styled garments in this book. The new catalog will be sent to you on request. Address Henry A. Dix and Sons Corporation, Dept. RNA, 141 Madison Avenue, New York City.

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Every one is looking for a better type of employment. It is a natural human trait. The difficult part is to know when and where that ideal job is waiting for you.

It is the desire of R.N. to take a decidedly active part in your search. We want to be the means of bringing you and the job together.

Each month—using our many facilities—we will list openings currently available. We will forward your letters of application to the interested persons. To further assist you we will *without charge* insert a four-line classified in which you can tell the world (our circulation is more than 100,000) about your qualifications and have the job seek you.

Naturally, space for this type of service is limited, so it will have to be a policy of "first come first served." To assist you in arranging your ad, figure six words to the line.

In answering any classified advertisement, please mark the box number given at the end of the ad plainly on the envelope. This will enable us to forward your letter of application immediately and will eliminate delay in getting your letter to the interested party.

POSITIONS WANTED

INDUSTRIAL NURSE: Background of social service and industrial work. Post-graduate course in public health. Four years social service and thirteen years industrial compensation. Desires position in New York in industrial capacity. New York State registration. Box 1-1.

INSTRUCTOR: Or assistant to instructor. Nurse registered in Connecticut has marked ability as teacher, backed by sound training. No degree. Age 26. Excellent references. Box 1-2.

NURSE-COMPANION: Can serve as nurse-secretary and assist in care of children in private home. Three years general duty and one year of social service work. Registered in New York, Maryland and Texas. Free to travel. Age 33. Protestant. Box 1-3.

HOSPITAL HOSTESS: Interested also in industrial and clinic nursing. Educational background: three years college, post-graduate work in obstetrics, medical and clinic nursing. Three years as hospital hostess and registration nurse in Coast hospital, familiar with clerical detail. Speaks Spanish and Italian. Located in California at present. Box 1-4.

GENERAL DUTY: Registered nurse, age 40. Fifteen years' experience, including six years in government hospital. Graduate of an Atlanta, Ga. hospital. Desires post in small hospital or industrial plant. Free to travel. Salary open. Box 1-5.

DOCTOR'S SECRETARY: Graduate registered nurse, age 30, desires position in Philadelphia doctor's office. Two and a half years' college work in addition to graduation from business school. One year's secretarial experience. Salary open. Box 1-6.

INDUSTRIAL NURSE: Registered in Pennsylvania, nurse 42 years old. Has ten years first aid and social service experience. Interested in position in industrial plant or doctor's office in or near Philadelphia. Best of references. Box 1-7.

SUPERVISOR — NIGHT: Postgraduate courses in communicable disease, obstetrics and pediatrics. Two years as night supervisor and one and a half years experience as emergency room supervisor. Graduate of Georgia hospital. Age 28. Fine references. Salary open. Box 1-8.

SUPERVISOR: Interested also in public health work. Did Government work for four years. Wide t.b. experience. Prefers supervisory post in small hospital in Tennessee, Alabama or Georgia. Salary open. Box 1-9.

TUBERCULOSIS NURSE: Prefers t.b. work with children in sanitarium or home. Nine years of this experience. Very skillful with children. Now located in South, but willing to go elsewhere. Box 1-10.

GENERAL DUTY: New York registered nurse, height 5'7", weight 150 lbs. Protestant. Graduate 75-bed hospital. Four years of private duty and four years of general duty. Desires work in New York State. Best of references. Box 1-11.

PEDIATRICS OR OFFICE NURSE: Experienced in emergency orthopedics children and industrial nursing. Minor laboratory work. Knows typing, bookkeeping and shorthand. Now located in California. Salary open. Box 1-12.

POSITIONS AVAILABLE

Anesthetist

***NEW YORK:** Westchester county 100-bed hospital. No training school. Must be on call every other night. Salary \$125 with maintenance. E 144.

***NEW YORK:** New York City hospital, 550 beds. Night work only. Salary \$110 and maintenance. E 146.

***MICHIGAN:** Modern 40-bed hospital. Anesthetist willing to combine with record work. Protestant. Salary \$100 and maintenance, increase shortly. C 507.

Dietitian

***TENNESSEE:** Prefer Southern woman with special ability on diabetic diets. Starting salary \$90, with full maintenance. C 510.

General Duty

***NEW YORK CITY:** New York registered nurse for small hospital in New York City. Permanent night duty with one night off a week. Salary \$90 and maintenance. E 156.

***CALIFORNIA:** Graduate nurse who knows laboratory and X-ray, willing to assist in operating room of 25-bed hospital near Palm Springs. Salary \$100 and maintenance. W 138.

***CALIFORNIA:** New 50-bed maternity unit has positions for nurses in delivery room and nursery. Postgraduate courses preferred. Salary \$90 with meals and laundry. W 137.

Instructors

***NEW YORK:** Science instructor for a 360-bed hospital in New York State. Degree, experience, and a good personality essential. Salary \$125 to \$150 and maintenance, according to experience. E 142.

***ALABAMA:** Science instructor for class of 80 students. Catholic woman with college degree specified. Salary \$125 with maintenance. C 512.

Night Supervisors

***NEW JERSEY:** Night supervisor for 300-bed hospital with training school. An assistant night supervisor employed. Salary \$150 and maintenance. E 151.

***NEW YORK:** Assistant night supervisor for 125-bed Westchester hospital. Eight-hour day with one night off per week. Training school. Some college work essential. Salary \$100 and maintenance. E 152.

Obstetrics and Pediatrics

***NEW YORK:** General duty night nurse for 50-bed Brooklyn hospital. Obstetrical experience essential. Salary \$75 and maintenance, or \$65 and maintenance for nurse not registered in New York. B 6.

***ILLINOIS:** Pediatrics. Postgraduate training essential. Large department in excellent hospital. Protestant preferred. Salary \$100 and maintenance. C 515.

***PENNSYLVANIA:** Obstetrics. Postgraduate training and ability to handle students necessary. Salary open. C 516.

Office Nurse

***NEW JERSEY:** Good operating room nurse who can also do stenographic work to assist doctor in compiling a book on surgery. Doctor's office in New Jersey. Salary open. E 158.

Operating Room

***NEW YORK:** New York registered nurse to act as scrub nurse in operating room of 100-bed hospital in New York City. Salary \$85 to \$95, according to experience. E 154.

***PENNSYLVANIA:** Supervisor for 250-bed hospital located within easy reach of Philadelphia. Three operating rooms in three different buildings. Good experience as a supervisor essential. Teach technic. Training school. Salary \$110 and maintenance. E 153.

Public Health

***NEW YORK:** Registered nurse with college degree and some social service experience in New York City. Salary \$1620 per year. E 148.

***NEW YORK:** Head of social service department for 300-bed hospital in New York City. Previous experience as an executive in the social service field is essential. Salary open. E 149.

Superintendent of Hospital

***NEW YORK:** Small 40-bed hospital in New York City. New York registered nurse with wide experience. Salary \$125 to \$150, plus an apartment. E 139.

Superintendent of Nurses

***NEW JERSEY:** 250-bed hospital with average number of patients 140 daily. Degree desired, but not essential. Protestant preferred. Experience as superintendent in a hospital with a training school essential. Salary \$180 and maintenance. E 140.

***OHIO:** College trained woman with pediatric or orthopedic background for fully approved children's hospital. Salary \$150 to \$175 and excellent maintenance. C 517.

***ILLINOIS:** Assistant to director. Some college background necessary as well as supervising experience. Salary \$115 and maintenance with promise of increase. C 518.

Supervisors

***CALIFORNIA:** Large progressive hospital. Degree required. Day work. Salary \$135 with one meal. W 134.

***NEW YORK:** General supervisor for 50-bed hospital. Prefer Protestant age 25 to 30. Starting salary \$85. C 529.

***PENNSYLVANIA:** Head nurse with post-graduate work in obstetrics or gynecology for 70-bed general hospital. Salary open. C 530.

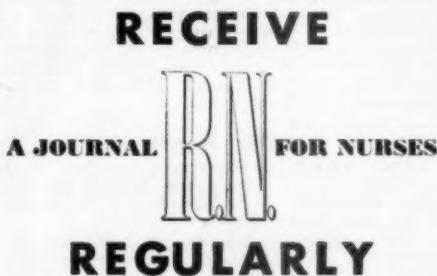
***MINNESOTA:** Obstetrical supervisory experience essential for position in 85-bed obstetrical hospital. Salary \$125 to \$150 and maintenance. C 520.

**Indicates this position listed by Placement Bureau.*

Nursing in Civil Service

(Continued from page 15)

ous personal contacts of a nurse than mere technical skill or knowledge. Understanding of human problems, kindness and fair-mindedness are qualities



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essential to the successful administration of a nursing service.

These qualities can either make or break the morale of a nursing service. Can such qualities be treated objectively or judged accurately in a transitory contact by an outside group of examiners? Acceptability to a patient doesn't always depend on technical skill. Personality conflicts are not always predictable or measureable.

Moreover the competitive process implies a supply greater than a demand. It is incompatible with an apparent shortage of nurses and the occupational trend in nursing.

No one can question the high motives of civic groups, reform associations, colleges and universities, writers and publicists, to whom we are indebted for making a concerted effort in a major drive for good government.

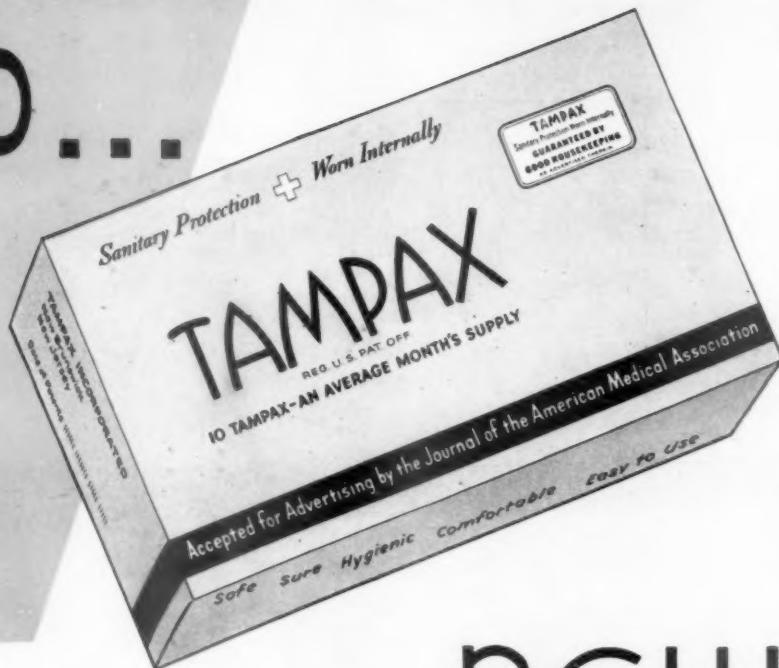
It seems reasonable to assume that after complete consideration of such factors as motive, qualifications and selection for public service the determination of an attitude on the part of nurses regarding Civil Service control may be dependent upon the conclusions reached after reflection upon questions such as the following:

Is it possible to assure professional coherence and improve a service by pressure from within or is extraneous control imperative?

Is adequate provision made for nursing to meet the need for constant education and preparation in relation to new developments in medical science?

Does Civil Service now provide a system in which the individual is permitted to develop his full potentialities by means of modern and progressive methods which include prompt rewards for efficiency and loyalty?

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Every "R.N." is thoroughly familiar with the many uses of tampons in Surgery as well as Gynecology. However, TAMPAX (Menstrual Tampons) offer new features with an irresistible appeal. They are intended for use throughout the menstrual period. Made of long fibre surgical cotton, they are so constructed that they *can not* disintegrate. TAMPAX forms a soft comfortable pad where most effective. Can not irritate. Each TAMPAX is individually sealed in cellophane with an individual convenient applicator. Easy to insert, easy to remove and dispose of, so comfortable you are unaware of their presence. And—objectionable menstrual odor is eliminated.

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